PTO/SB/08 (12-04) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THÂN APPLICATION AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$) FEE (\$) FOR **BASIC FEE** (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(k), (i), or (m)) **EXAMINATION FEE** (37 CFR 1.16(o), (p), or (q)) **TOTAL CLAIMS** OR minus 20 • (37 CFR 1.16(b) INDEPENDENT CLAIMS minus 3 · (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) TOTAL TOTAL " If the difference in column 1 is less than zero, enter "0" in column 2. APPLICATION AS AMENDED - PART II OTHER THAN OR SMALL ENTITY (Column 2) (Column 3) SMALL ENTITY (Dolumn 1) HIGHEST CLAIMS PRESENT RATE (\$) ADDI-REMAINING RATE (\$) ADDI-NUMBER ⋖ TIONAL TIONAL **EXTRA PREVIOUSLY** FEE (\$) FEE (S) ENT AMENDMENT PAID 50R Total (37 CFR 1.16(3)) Minus . OR **V**ON Minus independent (37 CFR 1.16(h)) × OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) OR TOTAL ADD'L FEE TOTAL OR ADD'L FEE (Column 2) (Commo 3) (Column 1) CLAIMS HIGHEST PRESENT ADDI-RATE (\$) ADDI-RATE (\$) REMAINING NUMBER 8 TIONAL TIONAL **AFTER PREVIOUSLY** FEE (\$) FEE (\$) PAID FOR AMENDMENT

Minus

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))

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AMEND

Total (37 CFR 1.16(0))

Independent (37 CFR 1.15(N))

Application Size Fee (37 CFR 1.16(s))

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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TOTAL

ADO'L FEE

OR

OR

OR

OR

TOTAL

ADD'L FEE